SUPERVISORY AUTHORIZATION TO PURCHASE UNDER PURCHASE CARD

(SAFETY SHOES AND/OR PRESCRIPTION SAFETY GLASSES)

EMPLOYEE'S NAME: EMPLOYEE'S ORGANIZATION: ITEM(S) TO BE PURCHASED (☑ Check the applicable item(s)):							
				□ s	Safety Shoes		Prescription Safety Glasses*
				*Supervisory must meet th	y authorization is not rec ne ANSI Z87.1-1989 sta	quired for the purn ndard. In no circ	rchase of non-prescription safety glasses or goggles. All safety glasses/goggles cumstance shall an employee's eye exam be charged to the NASA purchase card.
	ration (OSHA) reg		sses and/or safety shoes when Occupational Health and Safety uire that the employee possess this safety equipment in order				
provided or face in must wor	with eye and face jury from physica k in areas where the sole, and when	protection e l, chemical, o here is a dang	regulation (29 C.F.R. § 1926.102) states: "Employees shall be equipment when machines or operations present potential eye or radiation agents." Likewise for safety shoes, the employee ger of foot injuries due to falling or rolling objects, or objects loyee's feet are exposed to electrical hazards." (29 C.F.R. §				
may only for the behavior the benefit. I should moshoes/boomust be a	be purchased for enefit of the Gove NASA may not e ore appropriately ots but is not enga	a bona fide so rnment (for taxpend funds be considered aged in work n, or put at ri	oes or prescriptive safety glasses is not unlimited. These items afety need (to comply with OSHA regulations). The items are the protection of employees) and not for employee's personal on shoes/boots or prescription eye wear where the purchase d a personal expenditure (e.g., the employee commonly wears a described above in the OSHA regulations). The employee risk by, the hazardous operation. All items purchased are the nt.				
Justificati	on:						
	VISOR APPRO itions prescribed		TIFICATION: I hereby certify that this purchase meets				
Printed 1	Name:						
Signatuı	re:		Date:				

Last Revised: 1/12/07